# Department of Neighborhood Development - **Three Decker Plu$ Application** (Please Print Information Clearly)

## (a) APPLICANT

**1)**

First Name     MI     Last Name

SOCIAL SECURITY NUMBER

## (b) CO-APPLICANT

**2)**

First Name     MI     Last Name

SOCIAL SECURITY NUMBER

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ADDRESS:

CITY:     STATE:     ZIP:

WORK TELEPHONE NUMBER:     HOME TELEPHONE NUMBER:

## INCOME INFORMATION

a) **APPLICANT'S TOTAL ANNUAL INCOME**

b) **CO-APPLICANT'S TOTAL ANNUAL INCOME**

c) **TOTAL ANNUAL INCOME OF ALL CHILDREN OVER 18 YEARS OLD**

d) **TOTAL ANNUAL INCOME OF ALL OTHERS LIVING IN HOUSEHOLD (including Child Support)**

**TOTAL HOUSEHOLD INCOME** *(ADD LINES a THROUGH d)*

### (c) LIST NAMES AND AGES OF ALL DEPENDENT CHILDREN WHO WILL LIVE IN THE HOUSEHOLD

| Name | Age |
|------|-----|
| 3) | |
| 4) | |
| 5) | |
| 6) | |

### (d) LIST NAMES, AGES, AND RELATIONSHIP OF ALL OTHERS WHO WILL LIVE IN THE HOUSEHOLD

| Name | Age | Relationship |
|------|-----|--------------|
| 7) | | |
| 8) | | |
| 9) | | |

**TOTAL HOUSEHOLD SIZE** *(ADD LINES NUMBERED 1 THROUGH 9)*

## TOTAL SAVINGS

**Have you taken a Homebuyer Education class? Yes___ No___**

**Are you a Boston Resident? Yes___ No___**

**Are You or a member of your immediate family an employee of the Dept. of Neighborhood Development?**

**Yes__ No __**

**Please complete the following section to assist us in fulfilling affirmative marketing requirements. Check as many of the following items which apply.** *(Your response is voluntary.)*

❑ ASIAN
❑ BLACK
❑ HISPANIC
❑ PACIFIC ISLANDER
❑ OTHER _____

    ❑ FEMALE HEAD OF HOUSEHOLD
    ❑ ELDERLY (APPLICANT OVER 62)

Do you or a member of your family require a handicapped accessible home?    Yes ❑
*(Please attach documentation)*

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I/We hereby certify the information provided is accurate and correct to the best of my/our knowledge.
I/We hereby authorize the City of Boston to independently verify the information provided here and also to investigate my/our records of credit.
I/We hereby certify that I/we have read the "Terms and Conditions" and I/we agree to the Terms and Conditions of this program.

**APPLICANT'S SIGNATURE:**_____ **DATE**_____

**CO-APPLICANT'S SIGNATURE:**_____ **DATE**_____

Please see reverse side of application:
Eligibility requirements, terms and conditions and supporting documentation (*to be submitted along with this appplication*).

| FOR DND USE ONLY | **PROGRAM MANAGER:** | **DATE** |
|---|---|---|

**CITY OF BOSTON
THOMAS M. MENINO, MAYOR**

**DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT
CHARLOTTE GOLAR RICHIE, CHIEF AND DIRECTOR**

# Three Decker Plus - Terms and Conditions

## Eligibility

**Eligible Buyers**

- First Time Homebuyer
- Graduate of Homebuyer 101 Class
- Resident of the City of Boston
- Income below 80% of the HUD Area Median Income

| | | | |
|---|---|---|---|
| 1 Person | $46,300 | 5 Person | $77,450 |
| 2 Person | $52,950 | 6 Person | $76,570 |
| 3 Person | $59,550 | 7 Person | $82,050 |
| 4 Person | $66,150 | 8 Person | $87,350 |

**Eligible Properties**

- Legal three unit residential property in the City of Boston.
- One unit available for owner occupancy.
- One unit available for or rented to a low-moderate income tenant (<80% AMI)
- No rehab component.

**Terms and Conditions** (Secured by an Affordable Housing Covenant signed at closing for 20 Years)

- Owner intends to occupy the property as their primary residence.
- Occupancy must occur within 60 days of closing.
- Affordable Rental Unit rent cannot exceed the attached rent schedule.
- Complete a Homeowner 201 class within 12 months of closing.
- Home Inspection and Lead Inspection of property required.
- A Letter of Full De-leading Compliance is required (additional funding is available in the form of grants and deferred loans for properties that require de-leading).

**Supporting Documentation**

- Valid HB101 Certificate or confirmation that you completed an approved homebuying class.
- Copies of last two years signed federal tax returns (including schedules and W-2s) for all adult household members.
- Proof of all sources of income for all household members over the age of 18. This includes most recent pay stubs, child support payments, social security income, etc.
- Saving and asset documentation for all adult household members. This includes the last three consecutive months' bank, 401k, or any other asset statements.
- Proof of Boston residency. This includes a copy of at least two utility bills dated within the past 60days. This may also be documentation showing that you were displaced from the City of Boston after January 1999.

**Documentation to be submitted with application to:**
**Three Decker Plus Program, Department of Neighborhood Development, 26 Court Street, 8th fl., Boston, MA 02108**